## MONTPELIER POLICE DEPARTMENT

534 Washington Street, Montpelier, ID 83254 Office: (208) 847-1324 Fax: (208) 847-1346

## **Voluntary Statement**

Date of	Month: Day: Year: Time:			Case #:				
Statement:								
Name (last, fi	rst, middle):				Age:	DOB:	Home Phone:	
Address Res.:						Zip:	Other Phone:	
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I,, do hereby voluntarily make the following statement without threat, coercion, offer of benefit, or favor by any persons whomsoever.								
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						I swear/affirm the above and/or attached statements are correct and true.		
					Signatui	re:		
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